|  | PAYENT A                                       |  | 09768 USR                        |   |                                       |                                      |              |                               |             |                     |                            |                                |  |
|--|--|--|----------------------------------|---|---------------------------------------|--------------------------------------|--------------|-------------------------------|-------------|---------------------|----------------------------|--------------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |  |                                  |   |                                       |                                      | -            | SMALL ENTITY TYPE OR          |             |                     | OTHER THAN<br>SMALL ENTITY |                                |  |
| TOTAL CLAIMS   |  |  |                                  |   |                                       |                                      |              | RATE                          |             | FEE                 | 1                          | RATE                           | FEE  |
| FOR  |  |  | NUMBER FILED                     |   | NUMBER EXTRA                          |                                      |              | BASIC F                       | EE 3        | 55.00               | OR                         | BASIC FEE                      | 710.00   |
| TOTAL CHARGEABLE CLAIMS  |  |  | 33 minus 20=                     |   | • 13                                  |                                      |              | X\$ 9:                        | .           |                     | OR                         | X\$18=                         | 234.0C   |
| INDEPENDENT CLAIMS   |  |  | 4 minus 3 =                      |   | • /                                   |                                      |              | X40=                          |             |                     | OR                         | X80=                           | co.a   |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P   | RESENT                           |   |                                       |                                      |              | +135                          | _           |                     | OR                         | +270=                          | 7000   |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |                                  |   |                                       | Į                                    | TOTA         | L                             |             | OR                  | TOTAL                      | In-24.00                       |  |
| CLAIMS AS AMENDED - PART II  |  |  |                                  |   |                                       |                                      |              |                               |             |                     |                            | OTHER                          |  |
|  |  | (Column 1)   | (Column 2) (Column 3)            |   |                                       |                                      | SMALL ENTITY |                               |             | OR                  | SMALL                      | ENTITY                         |  |
| <b>AMENDMENTA</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                  | HIGH<br>NUM<br>PREVK<br>PAID            | BER<br>OUSLY                          | PRESENT<br>EXTRA                     | RA           |                               | TI          | DDI-<br>ONAL<br>FEE |                            | RATE                           | ADDI-<br>TIONAL<br>FEE                           |
| NOM  | Total  | . 33   | Minus                            | <u>ろ</u>                                | 3                                     | <b>-</b> O_                          |              | X\$ 9:                        | - [         |                     | OR                         | X\$18=                         | )  |
| AME  | Independent                                    | · 4.   | Minus                            | 4                                       | <i>;</i>                              | I- <i>O</i>                          |              | X40-                          |             |                     | OR                         | X80=                           |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                  |   |                                       |                                      |              | +135                          |             | 1                   | OR                         | +270=                          |  |
| / /  |  |  |                                  |   |                                       |                                      |              | YOT<br>ADDIT, F               |             | 4                   | OR                         | TOTAL<br>ADDIT, FEE            | 1  |
| 3  | 3/29/05 (Column 1) (Column 2) (Column 3)       |  |                                  |   |                                       |                                      |              |                               | tt <b>I</b> |                     | ,                          | ADDIT. PEE                     |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |                                  | HIGH<br>NUN<br>PREVI                    | IEST<br>IBER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA                     |              | RATE                          | T           | DDI-<br>ONAL<br>FEE |                            | RATE                           | ADDI-<br>TIONAL<br>FEE                           |
| Ž  | Total  | .32  | Minus                            | •• 💆                                    | 33                                    | - /                                  |              | X\$ 9                         |             |                     | OR                         | X\$18≈                         |  |
| 1ME  | Independent                                    | .4   | Minus                            | ••• /                                   | <u> </u>                              | =/                                   |              | X40=                          | .           |                     | OR                         | X80=                           |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                  |   |                                       |                                      |              | +135                          | _           |                     | OR                         | +270=                          |  |
|  |  |  |                                  |   |                                       |                                      |              | 101                           |             |                     | OR                         | TOTAL<br>ADDIT, FEE            |  |
|  |  |  | ADDIT. F                         | - E - E - E - E - E - E - E - E - E - E |                                       | •                                    | ADDIT. FEE   |                               |             |                     |                            |                                |  |
| ENT C  | Page of section                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  |                                  | HIGH<br>NUM<br>PREVI                    | MN 2)<br>HEST<br>MBER<br>OUSLY<br>FOR | (Column 3) PRESENT EXTRA             |              | RATE                          | : TI        | ODI-<br>ONAL<br>FEE |                            | RATE                           | ADDI-<br>TIONAL<br>FEE                           |
| AMENDMENT  | Total  | •  | Minus                            | ••                                      |                                       | =                                    |              | X\$ 9:                        |             |                     | OR                         | X\$18=                         |  |
|  | Independent                                    | •  | Minus                            | ***                                     |                                       | 3                                    |              | X40=                          | . 🕇         |                     |                            | X80=                           |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                  |   |                                       |                                      |              |                               | 十           |                     | OR                         |                                | <del>                                     </del> |
|  | l the ease in eat.                             | umn 1 is less than t   | ha annı la achi                  | ma 2: w=                                | a "11" ha                             | Awan 1                               |              | +135                          | _1_         |                     | OR                         | +270=                          |  |
| **   | ll the "Highest Nu<br>It the "Highest Nu       | imin i is less than t<br>imber Previously P<br>imber Previously P<br>imber Previously Pa | aid For IN THI<br>aid For IN THI | S SPACE<br>IS SPACE                     | is less the<br>is less th             | ın 20, enlər "20<br>an 3, enler "3." | •            | TOT<br>ADDIT, F<br>and in the | EE L        | priate bo           | OR<br>x in c               | TOTAL<br>ADDIT, FEE<br>dumn 1. |  |

Application or Docket Number